

12/14/01
JC860 U.S. PTO

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12-18-01

AI REISSUE

PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

| | |
|--|-------------------|
| Attorney Docket No. | 46739/268134 |
| First Named Inventor | Bryan |
| Original Patent Number | 6,001,130 |
| Original Patent Issue Date (Month/Day/Year) | December 14, 1999 |
| Express Mail Label No. | EL513159465US |

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☐ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status/support for all changes to the claims.
See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. ☐ Other: _____

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

(insert Customer No. or Patent Bar Code Label here)

or ☐ Correspondence address below

PATENT TRADEMARK OFFICE

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| | | | |
|-------------------|---------------|-----------------------------------|----------|
| NAME (Print/Type) | Bruce D. Gray | Registration No. (Attorney/Agent) | 35,799 |
| Signature | | Date | 12/14/01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
46739/268134**Claims as Filed - Part 1**

| Claims in Patent | For | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | |
|----------------------------|--|-------------------------------------|---------------------|--------------|-----|---------------------------|-----------|
| | | | | Rate | Fee | Rate | Fee |
| (A) 20 | Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i)) | (B) 22 | **** 2 | X\$9= | 18 | or | X\$ _____ |
| (C) 5 | | (D) 5 | * 0 | | | | = |
| Basic Fee (37 CFR 1.16(h)) | | | | | 370 | | \$ _____ |
| Total Filing Fee | | | | | 388 | OR | \$ _____ |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|--|--|-------|---|-----------------------------------|--------------|-----|---------------------------|-----|
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(j)) | *** | MINUS | ** | * | X\$ _____ | or | X\$ _____ | |
| Independent Claims (37 CFR 1.16(i)) | *** | MINUS | ***** | = | X\$ _____ | | X\$ _____ | |
| Total Additional Fee | | | | | \$ | OR | \$ | |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0855.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 388 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

December 14, 2001

Date

Signature of Applicant, Attorney or Agent of Record

Bruce D. Gray

Typed or printed name

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE


Applicant: Bryan, et al. Patent No. 6,001,130
Serial No.: Examiner:
Filed: December 14, 2001 Group Art Unit:
For: **HUMAN SPINAL DISC PROSTHESIS WITH HINGES**

Box Patent Application
U.S. Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

CERTIFICATE OF MAILING (37 C.F.R. 1.10)

Sir:

I hereby certify that this Reissue Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown below in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL513159465US addressed to Box Patent Application, U.S. Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202.


Rebecca L. Smith

Date: December 14, 2001

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